TCC Data & Email Request Form

Leader's Name: _____ Date: _____
First Last

Name of Group:_____

Data Request:

Once the data request has been approved, you will be notified upon completion and availability for pick-up.

How do you want to be contacted when request is completed?

❑ Phone: (_____) _____

❑ E-mail: _____

What data are you requesting? *Be specific.*

How will the data be used and for what purpose? *Be specific*.

Date you desire the requested data: _____

Email Request:

1. Please attach a copy of the email you want sent out.
2. Please attach a list of who the email should be sent to.

   Date you desire email to be sent: _____

Department Head Signature: _____ Date: _____

Pastoral Approval: _____ Date: _____

Completed by: _____ Date: _____

PLEASE RETURN ALL COMPLETED FORMS TO THE BOTTOM FILE OUTSIDE PASTOR CAROLYN'S OFFICE

Revised – March, 2009